LAKE GROVE
FAMILY MEDICAL CLINIC

16463 Boones Ferry Suite 100 · Lake Oswego, OR 97035
(503) 635-1350 Fax: (503) 635-8470

FINANCIAL POLICIES AND PROCEDURES

Welcome to Lake Grove Family Medical Clinic. Our goal is to make each and every person feel comfortable and confident that you are receiving the best medical care and that our policies are clearly outlined.

We strive to maintain good communications with our patients and we have outlined the following office guidelines for financial responsibility. Please take the time to read through the policies and sign and date below indicating your full understanding and agreement.

INSURANCE: Lake Grove Family Medical Clinic (LGFMC) will bill your personal or group health insurance for services rendered. It is the responsibility of the patient or guardian to provide the clinic with **current** insurance information at all times. We will verify the information from your card to what we have in our billing system with each appointment. If you do not have your insurance card, you will be asked to pay in full at the time of service. We must have proof of valid insurance on file. If your insurance changes at any time, please call the office and notify us as soon as possible to avoid delays and possible fees. We would also like to remind you that failure to provide current and correct insurance information may cause your claim to deny and become patient responsibility.

Lake Grove Family Medical Clinic (LGFMC) is not obligated to contact your insurance carrier for any information; we do this as a courtesy and remind you that you need to know your benefits as we can't possibly know every person's benefits in detail. Please be advised that insurance is **not a guarantee** of coverage OR payment and it is patient responsibility to know their insurance. This includes deductible amounts, co-pay/co-insurance amounts and any exclusion to your policy. ***Co-pays, deductibles and payment for non-covered services are due at the time of service.***

NOTE: Patients choosing to receive medical care for non-covered services outlined by their insurance policy agree to pay for said charges PRIOR to receiving treatment.

REFERRALS: It is the patient's responsibility to obtain a referral IF their insurance company requires one and to contact their insurance carrier with any questions or disputes regarding their policy, covered treatments, amounts paid, etc.

MEDICARE / MEDICAID (OMAP): Lake Grove Family Medical Clinic (LGFMC) does not accept these insurances as we are not contracted with them. If you have this insurance, *please* notify us at once and we will try to help you find another provider to see and transfer your medical records.

PRIVATE PAY: Patients without insurance are expected to pay for their entire visit at time of service unless a prior arrangement has been made with the Billing Manager for payment arrangements.

MVA RELATED: Patients are expected to pay for their entire visit at the time of service. Lake Grove Family Medical Clinic (LGFMC) does not bill auto insurance or Third Party claims.

WORKER'S COMPENSATION CLAIMS: Lake Grove Family Medical Clinic (LGFMC) accepts *new* Worker's Compensation Claims ONLY. In the event the work comp claim is not accepted, we require personal or group health insurance information with your registration.

Please provide us with the claim number, case worker name and phone number, and any other relevant information needed to process the claim. *IF* your claim denies, we will bill your personal health insurance and you will be liable for all patient responsibility balances and non-covered services. The account must be paid within 45 days once transferred to personal insurance.

DELINQUENT ACCOUNTS: Delinquent accounts are accounts that have an unpaid balance on them that is over 45 days old and may have been denied by insurance. While Lake Grove Family Medical Clinic (LGFMC) will work with your insurance company to resolve denied issues, the account is still your responsibility and needs to be paid in full before the 45th day from the date of service (before it is delinquent on the 45th day). These unpaid accounts may be assigned to a credit reporting agency and will be charged a $75.00 collections fee, which will be added to the past due amount.

MISSED/NO-SHOW APPOINTMENTS: By signing below, I agree to pay for any and all no-show appointments. The fees depend on the type of appointment that was no-showed and ranges from $50.00 for a blood draw, $100.00 for an office visit and up to $200.00 for a physical. This cannot be billed to your insurance and is 100% patient responsibility. ***We require a minimum of 24 hours notice to cancel or change your appointment, or the charges above will apply.***

DEDUCTIBLES, CO-PAYS, ACCOUNT BALANCES: *IF* you have a yearly deductible that has not been met, Lake Grove Family Medical Clinic (LGFMC) requires a $75.00 - $150.00 payment (depending on your deductible amount) to be made on your account at time of service. You will be billed for the balance amount owed once your insurance has processed your claim.

A rebilling fee of $15.00 will be assessed to your account upon generating a 2nd statement for an unpaid account balance.

PAYMENT ARRANGEMENTS: Please contact our Billing Manager, before your account becomes delinquent, if you require payment arrangements. Lake Grove Family Medical Clinic (LGFMC) requires a credit/debit card to be placed on the account, monthly payments will be debited, and a receipt sent to you. *IF* your card declines, we will contact you immediately and we will ask for another valid card to be placed on the account. There will be a reprocessing fee of $15.00 for the transaction. Payment must be made within 5 business days or it can be turned over to our collections process.

MEDICAL RECORDS/TRANSFER OF CARE: When you transfer care to another physician/provider or clinic, there are fees associated with printing your records, reviewing your records, and mailing your records to another facility. The records cannot be sent electronically or put on a CD or flash drive. The records fee is based on the Oregon fee schedule.

By my signature below, I acknowledge that I have read, understand, and agree to the above financial policies and agree to accept responsibility for payment in full on my account. A copy of this signature is as valid as the original.

I give *authorization* to Lake Grove Family Medical Clinic to release any medical information necessary to process my claims and further *authorize* payment for medical benefits to Lake Grove Family Medical Clinic.

_____

Printed Name of the Patient

_____ _____

Signature of the Patient or Responsible Party Date